



Cobb County Government

Department of Senior Services

SHARE THE CARE – Financial Aid CareGiver Application

Please Read:

- In some cases other Grant money may be available for other services. This would be discussed at the time of the assessment.
- Must be a Cobb County Resident.
- Services provided by pre-approved vendor list only.
- Vouchers may be awarded on a cost share basis. No cash is exchanged between client and vendor.
- Questions: Contact Vel Pierre, Share the Care Specialist, at (770) 528 – 5351.

Mail application to: **Share the Care**
32 N. Fairground Street
Marietta, GA 30060

CareGiver Name: _____

Address: _____

Phone: _____ Social Security #: _____

Relationship to Family Member (daughter, wife, etc.): _____

Alzheimer's/Dementia Client Name: _____

Social Security # _____ Birth Date: _____

Medical Diagnosis: _____

Date of Diagnosis: _____

Medications Taken: _____

Physicians Name: _____

Physician's Address: _____

Physician's Phone: _____

What Services would you be interested in (circle all that apply):

Respite (Overnight)

Daycare

Home Adaptations

Other: _____